

# **Annual Progress Report (APR)**

## **for Housing Opportunities for Persons with AIDS (HOPWA)**

# Housing Opportunities for Persons with AIDS (HOPWA)

## Annual Progress Report

Public reporting burden for this collection of information is estimated to average 65 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

This information is collected under the authority of the AIDS Housing Opportunity Act (AHOA), as amended, 42 U.S.C. 12901, which authorizes HUD to provide States and localities with the resources and incentives to devise long-term comprehensive strategies for meeting the housing needs of persons living with acquired immunodeficiency syndrome (AIDS) or HIV infection and their families. The statute includes the following items that necessitate the collection of this information: (1) the AHOA authorizes the Department to conduct a national competition for the award of funds for ten percent of the annual appropriation for the Housing Opportunities for Persons with AIDS (HOPWA) program; and (2) the AHOA requires that recipients of assistance report on the use of amounts received, including the number of individuals assisted, the types of assistance provided and other information determined to be appropriate by the Secretary. This notice applies to grants selected under the national competitions. HUD selects the highest rated applicants for special projects of national significance and applicants for projects that are part of long-term comprehensive strategies for providing housing and related services in areas that do not qualify for formula allocations. Annual Progress Reports provides HUD with essential information on project activities in reporting to Congress and the public on the use of program funds. In addition, the reports assist HUD Offices in monitoring the use of Federal funds, and ensuring statutory and regulatory compliance. Information is collected on an annual basis in the application to make selections and in the annual progress report to report on program activities based on statutory requirements at 42 U.S.C. 12903(b)(3) and 12911. Less frequent submission of information on program accomplishments, which is contained in the Annual Progress Report, could compromise the legal, efficient and effective implementation of the program. The information to be submitted by applicants and recipients is considered public information, except to the extent that applications contain personal or proprietary information or are in use for the competition during a covered use period under the HUD Reform Act.

### General Instructions

**Purpose.** The Annual Progress Report (APR) tracks the accomplishments of the Housing Opportunities for Persons with AIDS (HOPWA) Program. This report will provide the grantee and HUD with important information necessary to assess the grantee's program.

**Applicability.** Grantees must complete this report for each program year in which HOPWA grant funds were expended. Each competitive grant should be reported in a separate APR.

**Recordkeeping.** An optional worksheet is included to assist grantees and project sponsors in recording the information necessary for completing this report. The worksheet may be used to record program information manually or to design a computer database to store and tabulate the information. Names and other individual information must be kept confidential, as required by 24 CFR 574.440. However, HUD reserves the right to review the information used to complete this report, except for names and other identifying information. **Information is reported in aggregate to HUD. Do not submit the worksheet to HUD.**

**Operating Year.** Grantees have flexibility in setting the dates of operating years. A grantee of a competitively-award grant may set the operating start date for its program on a date up to four months following the date of the signing of the grant agreement and any change requires the approval of HUD by amendment.

**Organization of the Report.** The information included in this report is organized in the following manner:

**Part 1 Summary.** This section provides an overview of the activities carried out. Grantees also describe any barriers encountered and their actions in response and recommendations for program improvements.

**Part 2 Demographics.** This part provides information on the characteristics of persons assisted by the program.

**Part 3 Program Expenditures and Housing Provided.** This part provides information on the financial status of the program including summary expenditure information and information on housing assistance and supportive services by each site and project sponsor.

**Final Assembly of Report.** After the entire report is assembled, please number every page sequentially.

**Filing Requirements.** The information in this package must be submitted to: (1) the CPD Division Director in the HUD Field Office 90 days after the end of each program year. Failure to submit an Annual Progress Report may lead to a delay in receiving future grant funds; and (2) an additional copy should be sent to:

HOPWA Program, Office of HIV/AIDS Housing  
U.S. Department of Housing and Urban Development  
Office of Community Planning and Development  
451 Seventh Street, SW  
Washington, D.C. 20410

# Housing Opportunities for Persons with AIDS (HOPWA)

## Annual Progress Report

Grant Number(s)	Program Year for this report	
	From (mo/yr)	To: (mo/yr)
Grantee Name		
Name of EMSA (if applicable)		
I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. <b>Warning:</b> HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)		
Name & Title of Authorized Official	Signature & Date	
Name & Title of the Person who can answer questions about this report	Phone (include area code)	
Address		

### Part 1 Summary.

#### Exhibit A - Overview of Accomplishments.

Please briefly describe the principal activities carried out during the program year on a page(s) attached to this report. List your specific objectives and briefly describe your success in meeting these objectives. Technical Assistance / Resource Development activities should be described in this section, including information on how recipients of assistance were chosen and on what services were provided.

#### Exhibit B - Program Improvements.

Describe on a page(s) attached to this report:

**(1) Barriers.** Any barriers or difficulties that were encountered in implementing the program, including residents' concerns, and actions that were taken to address those issues; and

**(2) Recommendations.** Any recommendations that you may have for program improvements, including procedural, regulatory, or other changes, and how such improvements would assist eligible persons.

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## Part 2 Demographics.

### Exhibit C - Numbers of Persons and Families Assisted During the Program Year with HOPWA Funds.

**1. Persons Assisted With Housing Assistance.** In the table below, enter the number of persons who received housing assistance funded by HOPWA during the program year. Do not report on persons only receiving supportive services or persons only receiving housing information services. If a person's HIV status is unknown, count that person in (b).

a. Number of persons (adults and children) with HIV/AIDS who received housing assistance	
b. Number of other persons in family units who received housing assistance	
c. Total of persons who received housing assistance (a. plus b.)*	

\* Note that this number will be the basic participation number used for reporting other program information throughout the report, including the characteristics of persons assisted (Exhibit D).

**2. Families Assisted With Housing Assistance.** Of the total of persons assisted with housing assistance (1-c, above), how many family units were assisted (do **not** include single person households).

(Definition of Family: "Family" means a household composed of two or more related persons. The term "family" also includes one or more eligible persons living with another person or persons who are determined to be important to their care or well being, and the surviving member or members of any family described in this definition who were living in a unit assisted under the HOPWA program with the person with AIDS at the time of his/her death. [Section 574.3])

Total of family units assisted with housing assistance:

**3. Persons Assisted With Supportive Services Only.** In the table below, enter the number of persons who received only supportive services funded by HOPWA during the program year. Do not include persons who received supportive services in conjunction with housing assistance (1-c. above).

a. Number of persons (adults and children) with HIV/AIDS who received supportive services only	
b. Number of other persons in family units who received supportive services only	
c. Total of persons who received supportive services only (a. plus b.)	

**4. Persons Receiving Housing Information Services.** Enter the estimated number of persons who received housing information services funded by HOPWA during the program year. This number may include persons also reported above (1, 2, and 3).

Estimated total of persons receiving housing information services:

## Exhibit D - Characteristics of Persons Receiving Housing Assistance During the Program Year.

Throughout this exhibit answer all questions regarding persons receiving HOPWA supported housing assistance during the year (i.e. persons reported in Exhibit C 1). Do not include information on persons only provided with supportive services or housing information.

### 1. Demographics.

**a. Age and gender.** Of those who received housing assistance during the operating year, how many are in the following age and gender categories?

Persons	male	female
a. 17 years and under		
b. 18 to 30 years		
c. 31 to 50 years		
d. 51 years and over		

**b. Hispanic/non-Hispanic.** How many participants are in the following ethnic categories?

a. Hispanic	
b. Non-Hispanic	

**c. Race.** How many participants are in the following racial categories?

a. Asian/Pacific Islander	
b. Black	
c. Native American or Alaskan Native	
d. White	

**d. Recent living situation.** How many participants were in the following living situations immediately prior to entering the program? Include participants in the one category that best describes the participant's most recent living situation.

a. Homeless from the streets	
b. Homeless from emergency shelters	
c. Transitional housing	
d. Psychiatric facility*	
e. Substance abuse treatment facility*	
f. Hospital or other medical facility*	
g. Jail/prison*	
h. Domestic violence situation	
i. Living with relatives/friends	
j. Rental housing	
k. Participant-owned housing	
l. Other (please specify)	

\* If a participant or family head(s) of household came from one of these facilities but were there less than 30 days and were living on the street or in emergency shelter before entering the treatment facility, they should be counted in either the street or shelter category, as appropriate.

**2. Incomes.** For those receiving housing assistance, enter the number of individuals and family units falling under these income categories at the time of their entry into the program. (The total for this element may differ from the total in Exhibit C 1.)

	Gross Monthly Incomes at Entry in Program					
	\$0-250	\$251-500	\$501-1000	\$1001-1500	\$1501-2000	\$2001 +
Number of individuals and family units						

**3. Reasons for leaving.** Of those who left a program that provided housing assistance during the operating year ***and are not expected to return*** (do not include, for example, participants who temporarily left their housing for a brief period of hospitalization), complete the chart below based on how long they were in the program before leaving and the primary reason for their leaving the program. If a participant left for multiple reasons, ***include only the primary reason*** for their departure.

Reason for Leaving	Number of Months in Program			
	less than 3	3 to 6	7 to 12	more than 12
a. Voluntary departure				
b. Non-payment of rent				
c. Non-compliance with supportive service requirements				
d. Unknown/Disappeared				
e. Criminal activity / destruction of property / violence				
f. Death				
g. Other (please specify)				

### Part 3 Program Expenditures and Housing Provided.

Expenditures are amounts spent for eligible activities. Do **not** include non-HOPWA sources or in-kind items, such as the value of services or materials provided by volunteers or by other individuals or organizations.

#### Exhibit E - Summary of Program Expenditures

This exhibit will provide information about available HOPWA funds and HOPWA expenditures for the program during the reporting period.

Include only expenditures made from a single competitively-awarded HOPWA grant. Please round dollar amounts to the nearest dollar.

HOPWA Funding Available	
1. Unexpended HOPWA funds at end of previous report period (this balance is 0 in the first year of program)	
2. Amount of HOPWA grant received during period	
3. Program income (e.g., loan repayments)	
4. Total of HOPWA funds available during period (sum of lines 1 thru 3)	

Also report the following aggregate totals by type of activity for the report period (totals equal all expenditures of HOPWA funds during this period):

HOPWA Expenditures (Totals by Eligible Activity)	
5. Expenditures for Housing Information Services	
6. Expenditures for Resource Identification	
7. Expenditures for Housing Assistance (equals the sum of all sites and scattered-site Housing Assistance reported in Exhibit G.)	
8. Expenditures for Supportive Services (equals the sum of all Exhibit H funds used)	
9. Grantee Administrative Costs expended	
10. Project Sponsor(s) Administrative Costs expended	
11. Total of HOPWA funds expended during period (sum of lines 5 thru 10)	

12. Balance of HOPWA funds at end of report period (line 4 minus line 11)	
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## Exhibit F - Units of Housing Assistance.

For housing assistance provided in facilities, including project-based rental assistance, complete Item 1. For housing assistance payments, either tenant-based rental assistance or short-term payments, complete Item 2.

**1. Units by type of housing facility.** Report the number of units that were used during the program year by number of bedrooms. Enter the number of units of project-based rental assistance under the appropriate type of facility.

Type of housing facility	Units by Number of Bedrooms						
	SRO	0 bdrm	1 bdrm	2 bdrms	3 bdrms	4 bdrms	5+ bdrms
a. Short-term facility							
b. Single room occupancy dwelling							
c. Community residence							
d. Other housing facility (specify):							

**2. Units by type of housing assistance payment.** Report the number of units that were used during the program year by number of bedrooms. Count each unit assisted as one entry regardless of the number of monthly payments made for that unit.

Type of housing assistance payment	Units by Number of Bedroom size						
	SRO	0 bdrm	1 bdrm	2 bdrms	3 bdrms	4 bdrms	5+ bdrms
a. Tenant-based rental assistance							
b. Short-term rent, mortgage and utility payments							

(Note: This page summarizes information provided on each site or activity location in Exhibit G.)



## Exhibit G - Housing Assistance Expenditures.

**1. Facility Based Housing Assistance.** For each site, provide information on development actions and actual HOPWA expenditures for a facility during the report period. Such facilities include community residences, SRO dwellings, short-term facilities, and other housing facilities approved by HUD, and non-housing based facilities. A site may include more than one structure or type of facility. All expenditures for acquisition, rehabilitation/conversion, lease, repairs, new construction, operating costs and technical assistance for a facility should be reported in this exhibit. (Please do **not** include funding for related supportive services; these services are reported in Exhibit H. Except for administrative costs for community residences supported by a 1992 grant, all grantee and project sponsor administrative expenses are reported in Exhibit E. Housing information services and resource identification are also reported in Exhibit E.)

### 1-a Site information.

Name of project	Name and Address of project sponsor
Address/location of site	

**1-b Site development actions.** For each site, provide the following dates or other information. (Do not submit if a previous annual progress report indicated that all activities at this site were completed and that services had been initiated.)

a. Date of closing on purchase of building or execution of lease	e. Date new construction was completed
b. Date rehabilitation started	f. Date operations staff was hired
c. Date rehabilitation was completed	g. Date residents began to occupy
d. Date new construction started	h. Date supportive services began

### 1-c Units by type of housing facility.

Indicate the type of housing that was provided (i.e., enter one of the following: Short-term facility, SRO dwelling, Community residence, or specify another type of housing facility).

Type of housing facility	Units by Number of Bedrooms						
	SRO	0 bdrm	1 bdrm	2 bdrms	3 bdrms	4 bdrms	5+ bdrms

**1-d Expenditures by facility site.** Enter the amount of HOPWA funds expended during the operating year for the activities listed below.

Type of activity	HOPWA Funds
a. Acquisition	
b. Rehabilitation/conversion/repair	
c. Lease	
d. New construction (community residences/SRO dwellings only)	
e. Operating costs	
f. Technical assistance (community residences only)	
g. Project-based rental assistance	
h. Other (specify)	
i. HOPWA Total for this site	

**2. Scattered-Site Housing Assistance.** For housing assistance provided through tenant-based rental assistance and short-term rent, mortgage, and utility payments, submit this form for **each** project carrying out scattered-site housing assistance.

2-a **Name and address of project sponsor**

2-b **General location(s) of activity**

2-c **Implementation actions.** For the project, provide the following dates. (Do not submit if a previous annual progress report indicated that housing assistance and services had been initiated.)

a. Date residents began to use payments	
b. Date supportive services began	

2-d **Units by type of housing assistance payments.** Report the number of units that were used during the program year by number of bedrooms. Count each unit assisted as one entry regardless of the number of monthly payments made for that unit.

Type of housing assistance payment	Units by Number of Bedrooms						
	SRO	0 bdrm	1 bdrm	2 bdrms	3 bdrms	4 bdrms	5+ bdrms
a. Tenant-based rental assistance							
b. Short-term rent, mortgage and utility payments							

2-e **Expenditures by type of housing assistance payment.** Enter the amount of HOPWA funds expended during the operating year for the activities listed below.

Type of housing assistance payment	HOPWA Funds
a. Tenant-based rental assistance	
b. Short-term rent, mortgage and utility payments	

Exhibit H- Supportive Service Expenditures.

Submit this form for each project carrying out supportive services activities.\*

Name and Address of project sponsor

General location(s) of activity

Date services began: \_\_\_\_\_

Enter amount for supportive services(s) which apply:	Amount
1. Outreach	
2. Case management/client advocacy/access to benefits/services	
3. Life management (outside of case management)	
4. Nutritional services/meals	
5. Adult day care and personal assistance	
6. Child care and other children services	
7. Education	
8. Employment assistance	
9. Alcohol and drug abuse services	
10. Mental health services	
11. Health/medical/intensive care services	
12. Permanent housing placement	
13. Other (specify)	
14. HOPWA total for this sponsor	

\* For each project sponsor or for the grant in total, report on the amounts expended by type of activity. In cases where multiple activities are carried out by the sponsor and records do not reflect actual expenditures by individual services, provide the total amount expended by the sponsor during the reporting period and an estimate of the amounts by type of activity or, aggregate the amount reported under the primary type of service provided by the sponsor.

This worksheet is optional and is intended to help you collect project information needed to complete Part II of the HOPWA Annual Progress Report. It should not be submitted to HUD. However, HUD reserves the right to request or review the information used to complete the report, except for names and identifying information. See Worksheet Instructions for directions on using this worksheet. Please keep a file of "other information" (Item 14 below) to specify on the annual report. Names and personal data on participants must be kept confidential; a unique identifying code could be used to track participants. For families, list the head of household first and aggregate family information following that entry. Other family members can be sequentially listed to provide space for demographic information. As described in this instructions for this worksheet, codes are used for entries in items 9 to 12.

[illegible]

## HOPWA Annual Progress Report Worksheet

**Information is reported in aggregate to HUD. Do not submit this worksheet to HUD.**

This worksheet is optional and is intended to help you collect project information needed to complete the HOPWA Annual Progress Report. Please keep a list of "other" answers to specify on the annual report.

1. Enter the participant's full name or a unique identification code (if any). The use of names and other personal identification must be kept confidential. Information on the family unit should be captured with the first participant listed. The additional members of the family unit should be separately listed for items 5, 6, and 7.

2. Enter date participant entered the HOPWA program. Usually, this will be the date of consultation with a case manager.

3. Enter the number of additional adult (18 years and older) family members residing with the participant, who are also receiving housing assistance. Enter "0" if the participant resides alone. Other eligible beneficiaries residing in shared housing should be separately reported.

4. Enter the number of additional children (under 18 years) who are family members residing with the participant, receiving housing assistance. Enter "0" if the participant resides alone.

5. For each participant, enter race (A = Asian/Pacific Islander, B = Black, NA = Native American/Alaskan Native, or W = White).

6. For each participant, enter Hispanic or non-Hispanic (H = Hispanic or N = non-Hispanic)

7. For each participant, enter age at entry into program and sex (M = Male or F = Female) and age; ages will be reported as under 18 years, 18 through 30 years, 31 through 50 years, and 51 years and older.

8. Enter the amount of gross monthly income that the participant or the family unit receives on the average at entry into the program; incomes will be reported as \$0 to 250, \$251 to 500, \$501 to 1000, \$1001 to 1500, \$1501 to 2000, or \$2001 + per month.

9. Enter the participant's most recent living situation prior to program entry.

- a. Homeless from the streets
- b. Homeless from shelters
- c. Transitional housing facilities
- d. Psychiatric facilities \*
- e. Substance abuse treatment facility \*
- f. Hospitals or other medical facilities \*
- g. Jail or prison \*
- h. Domestic violence situation
- i. Living with relative or friend
- j. Rental housing

k. Participant-owned housing

l. Other; specify type

\* If a person (from Exhibit C) came from a treatment facility but they were there less than 30 days and were in another living situation before they entered the treatment facility, they should be counted as though they were still in the prior living situation.

10. Enter date participant or family ended program participation.

11. When the participant or family left the HOPWA assisted program, what was the primary reason for the departure and how long were they in the program. Enter the code and number of months in the program, less than 3, 3 to 6, 7 to 12, greater than 12 months, which indicates:

- a. Voluntary departure.
- b. Non-payment of rent.
- c. Non-compliance with supportive service requirements.
- d. Unknown/disappeared.
- e. Criminal activity/destruction of property/violence.
- f. Death.
- g. Other (please specify)

12. Enter the type of housing facility and unit size by number of bedrooms used. Count each family unit as a single entry. Enter the code which indicates type and number of bedrooms as SRO, 0, 1, 2, 3, 4, or 5+.

- a. Short-term facility.
- b. Single room occupancy (SRO) dwelling.
- c. Community residence.
- d. Other housing facility (please specify).

13. Enter the type of housing assistance payment and unit size by number of bedrooms used. Enter the code which indicates type and unit size by number of bedrooms as SRO, 0, 1, 2, 3, 4, 5+.

- a. Tenant-based rental assistance.
- b. Short-term rent, mortgage and utility payments.

14. Enter other information as necessary.

**Do not submit this worksheet to HUD.**